2011 ELECTION CYCLE

## REPORT OF RECEIPTS AND DISBURSEMENTS 2011 Elections



Name of Candidate DETSEY HAMILTON	DATESIAMP
Address/1000 PhARTINTOWN RD NEW ACBONY COUNTY DAIGH	
Telephone 462-534, 89.7 Fax Same	
Office Sought SENATE, DISTRICT 3 Political Party REPOR	BLICAN
Check here if above is different from previous report	amilton 1/0 Gmail. com
May 10, 2011 Periodic Report (January 1, 2011, through April 30, 2011)	Mandatory
June 10, 2011 Periodic Report (May 1, 2011, through May 31, 2011)	
July 8, 2011 Periodic Report (June 1, 2011, through June 30, 2011)	
July 26, 2011 Pre-Election Report (July 1, 2011, through July 23, 2011)	
August 16, 2011 Pre-Election Report (July 24, 2011, through August 13, 2011)	
October 10, 2011 Periodic Report (July 24, 2011, through September 30, 2011)	
November 1, 2011 Pre-Election Report (October 1, 2011, through October 29, 2011)	
November 22, 2011 Pre-Election Report (October 30, 2011, through November 19, 2011)	
Termination Report (Candidate will no longer accept contributions or make Campaign expenditures and has no outstanding campaign debt obligation)	
(1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred.   shall submit a report indicating "0" (Zero) for total amount of reported contributions and expe	In such case, the candidate enditures during this period.
(2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in a <b>Ann. § 23-15-807 (b) (ii) and (iii)</b> .	
(3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the report falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 day before the deadline. Faxed reports are acceptable.	ting day. If the deadline 0 p.m. on the first working

ACPOR	LIED COM	KIDULIUM	2 YAÎ	,		
Itemized +	Itemized + Non-Itemized =		This Period		Calendar Year-To-Date	
Total amount of contributions \$ /3 8 21	+\$ 3	75.00	\$	375,00	\$ 30,	285
Total amount of disbursements \$	+\$	10	\$ 2	2535.49	\$ 30	28500
Total amount of cash on hand			\$	- 0-		-00
I certify that I have examined this report and to the b	pest of my kn	owledge and	belief i	It is true, accurate, and		

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirement.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit velid reports shall result in fines of \$50 per day and / or prosecution in accordance with Miss. Code Ann. §§ 23-15-8-11 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499.

2. Candidates for county wide and county district offices should return forms to their county Circuit Clerk.

Page	17	٥f	$\Box$
Luge		O.F	1.6

Name of Candidate or Committee		MIL TON
Reporting period Oc7.30, 2011	through	DEC, 31, 201/
1TE	MIZED	RECEIPTS

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Malling Address STATES FOLICE BENEVOLENT ASSAU	- 本区位	\$ /38.21
ZISS HWY 42 S Chy, State, Zip Code	- [,_,_	\$
McDoNoUGH GA 30252 7636 Name of Employer (Required)	-	\$
JACK L. ROBET, PRES		\$
	<ul> <li>Aggregate year-to-date</li> </ul>	\$ 738,21
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		\$
Mailing Address	· [,c,c	\$
City, State, Zip Code	- [	\$
Isma of Employer (Required)		\$
Decupation (Required)	Aggregate year-to-date	s
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
ailing Address	ニュニュニ	\$
lty, State, Zip Code	匚,匚,匚	\$
	「「「「	\$
ame of Employer (Required)	「「「「	\$
ccupation (Required)	Aggregate year-to-date	\$
Source: Corporation PAC Individual Loan Other (please specify)	Date Amount of each receipt this period	
III name	「「「「	\$
illing Address		\$
y, State, Zip Code		\$ [
me of Employer (Required)	TEE	\$
supetion (Required)		5

P.3/3

	Page _	1	af	/	_
N					
David Colors	and the second second				

## Name of Candidate or Committee <u>BETSEY HAMILTON</u> Reporting period <u>BCT30. Zoll</u> through <u>DCC. 31. Zoll</u>

## ITEMIZED DISBURSEMENTS

WASHING TON GOLITICAL GROUP	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Activess  5061 HODGRUNS PLACE  City, State, Zip Gode	21/07/2011	\$ 929.42
LILBURN, GA 30047	_'_'_	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 929.42
BETSEY HAMILTON	Date (Mo., Day, Year)	Amount of each disbursement this period
LING MART, N TOWN RS City, State, Zip Gode	1211514	\$ 1606,07
NEW ALBANY, MS 38652 Purpose of Disburgement (Optional)	_'_'_	s
BOSTAGE. SIGN GOSTS . TRAYER Painturburburburunt	Aggregate Year-to-date	\$ 16.6.07
	Date (Mo., Day, Year)	Amount of each disbursament this period
Mailing Address	_'_'_	S
City, State, Zip Gode	_'_'_	s
Purpose of Disbarsement (Optional)	Aggregate Year-to-date	S
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Melling Address	'	5
City, State, Zip Code	_'_'_	s
Purpose of Disburgement (Optional)	Aggregate Year-to-date	s
E. Full name	Dete (Mo., Day, Year)	Amount of each disbursement this period
Stalling Address	_/_/_	\$
City, State, Zip Code		s
Purpose of Disbursoment (Optional)	Aggregate Year-to-date	s
F. Fufi name	Date (Mo., Day, Year)	Amount of each
Mailing Address	_/_/_	disbursement this period
City, State, Zip Gode		\$
Purpose of Districement (Optional)	Aggregate Year-to-date	s